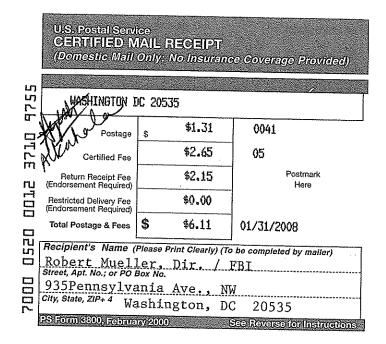
| Case 1:08-cv-006 | SENDER: COMPLETE THIS SECTION (1914) | COMPLETE THIS SECTION ON DEL | IVERY | |
|------------------|--|--|---|--|
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature X | ☐ Agent ☐ Addressee C. Date of Delivery | |
| | Article Addressed to: | D. Is delivery address different from ite if YES, enter delivery address belo | · . · · — | |
| | Ruth Dorchoff, Dist. Director USCIS 101 West Congress Parkway Chicago, Illinois 60605 | FEB 2008 | W.C. I NO | |
| , | 0110080, 1111000 | ☐ Insured Mail ☐ C.O.D. | ail elpt for Merchandise | |
| | | 4. Restricted Delivery? (Extra Fee) | ☐ Yes | |
| | 2. Article Number 7000 0 (Transfer from service label) | 520 0012 3710 9748 | | |
| | PS Form 3811, February 2004 Domestic I | Return Receipt | 102595-02-M-1540 | |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DEL | IVERY | |
| . * | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. | A. Signature X B. Received by (Printed Name) | Agent Addressee C. Date of Delivery | |
| | Attach this card to the back of the mallpiece, or on the front if space permits. | ANIV ET | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | 1. Article Addressed to: Michae P Chertoff, Sec. DHS Washington, DC 20528 | D is delivery address different from ite | w: DNo | |
| | | 3. Service Type Certified Mail | uil elpt for Merchandise | |
| | | 4. Restricted Delivery? (Extra Fee) | ☐ Yes | |
| | 2. Article Number 7000 0520 0012 3710 9724 (Transfer from service label) | | | |
| | PS Form 3811, February 2004 Domestic F | Return Receipt | 102595-02-M-1540 | |
| | Amesh-Alkahala. | | | |
| | ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature X B. Received by (Printed Nahaman FEB 0 6 2008 | ☐ Agent ☐ Addressee C. Date of Delivery | |
| | Article Addressed to: | D. Is delivery address different from iter If YES, enter delivery address below | | |
| | Office of U.S. Attorney Gener 950 Pennsylvania Ave., NW Washington, DC 20530 | a | | |
| | | ☐ Insured Mall ☐ C.O.D. | eipt for Merchandise | |
| | | 4. Restricted Delivery? (Extra Fee) | ☐ Yes | |
| , | 2. Article Number (Transfer from service label) 7000 0520 0012 | 3710 9663 | | |



Home | Help | Sign In

| Tra | ack & Confirm | |
|-----|---|--|
| | Search Results | |
| | Label/Receipt Number: 7000 0520 0012 3710 9755 Status: Delivered | Track & Confirm |
| | Your item was delivered at 4:46 AM on February 5, 2008 in WASHINGTON, DC 20535. | Enter Label/Receipt Number. |
| | Additional Details > (Return to USPS.com l | Home > |
| | Notification Options | Palament (2004) 1 - 1 plan service on the makes septe a super and order order of the description of the september of the sept |
| | Track & Confirm by email | |
| | | |
| | Get current event information or updates for your item sent to you | or others by email. Go> |
| | | or others by email. (Go>) |



| ■ Complete Items 1, 2, and 3. Also complete Items 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature A. Signature A. Signature A. Signature Addressee B. Received by (Printed Name) D. Is delivery address different from Item 1? Yes |
|---|---|
| 1. Article Addressed to: AUSA 219 South Dearborn 5th floor | If YES, enter delivery address below: No |
| Chicago, I11 60604 | 3. Service Type Certified Mail |
| 2. Article Number 7000 0520 001 | 2 3710 9731 |